

County of Los Angeles Department of Public Works TITLE VI COMPLAINT FORM

The County of Los Angeles Department of Public Works is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact us by calling (626) 458-3909.

Name:		Date of Incident:
Phone:		Alt. Phone:
Your Street Address, City, State &	Zip Code:	
Name(s) of person(s) discriminated	d against (other than complain	nant):
Street Address, City, State & Zip C	Code (other than complainant)	
officer radicess, only, clate a 21p c	rode (other than complainant)	
Which of the following best des	cribes the reason for the	alleged discrimination took place? (Check One)
Race C	olor Nat	ional Origin (Limited English Proficiency)
		rovide the names and titles of all employees involved, if eve was responsible. Please attach additional pages if

Los Angeles County Department of Public Works Title VI Complaint Form

Have you filed a complaint with any other federal, state, or local agencies? Yes / No (Circle one)

If so, list agency/agencies and contact information below:

Agency:	Contact Name:	
Street Address, City, State & Zip Code:	Phone:	
	,	
Agency:	Contact Name:	
Street Address, City, State & Zip Code:	Phone:	
Agency:	Contact Name:	
Street Address, City, State & Zip Code:	Phone:	
I affirm that I have read/written the aboand belief.	ove charge and that it is true to the best of	my knowledge, information
Complainant's Signature	Complainant's Name (Print)	Date

Please mail this form to:

County of Los Angeles Department of Public Works

PDD - Transit Operations

P. O. BOX 1460

ALHAMBRA, CA 91802-1460